Funerals. Elkton. Md.

or

VR A15 (4) 20M 1/65

North East REGISTRAR'S SIGNATURE

e. IS RESIDENCE ON A FARM?

Year

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

PERFORMED?

YES

DATE SIGNED

(County)

NO IL

(State)

(State)

YES

Day

12. CITIZEN OF WHAT

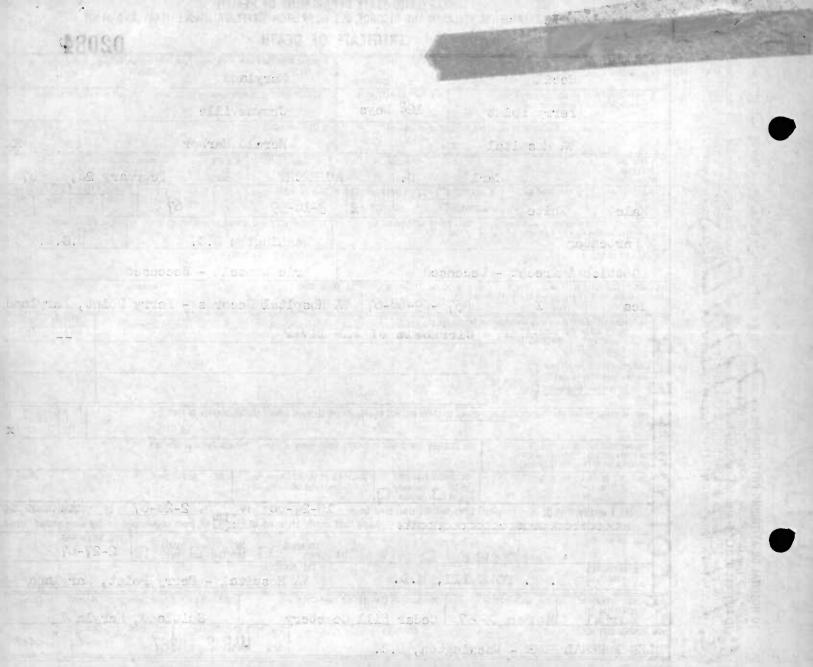
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10.

NOX

67

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 haurs after death physician and campletely filled in by the funeral en please remave carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b COUNTY Maryland Cecil. MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Perry Point 124 Days Crownsville d STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) ve carban paper: event, within 72 VA Hospital Herald Harbor NO XX 3. NAME OF Middle 4 DATE Month Year DECEASED 19 67 AUFRECHT February Carl G. 26 (Type or print) DEATH B. DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 24 HRS S. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 67 vrs Months Dovs Hours 3-16-99 White WIDOWED DIVORCED X Male 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY U.S.A. Washington D.C. Bartender 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Erie Lantell - Receased Gottlob Aufrecht - Deceased the attending parsit permit. The 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes af service ď 578-09-68-67 VA Hospital Records - Perry Point, Maryland Yes INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY Cirrhosis of the liver IMMEDIATE CAUSE (o) attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying couse the has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X TO FUNERAL DIRECTOR: After this certificate by the haspital or PHYSICIAN: for 20o. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20d. INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg., etc.) Not While of work ATTENDING ot work 21. I certify that (this haspital) attended the deceased fram_ 10-24-66 ta 2-26-67 saw they become divergence at 8:30 M, from causes and an the date stated above. 4 may be retained 220 SIGNATURE 22b. DATE SIGNED MED. DIRECTOR **ATTENDING** STAFF PHYS. E. E. Folk 111 2-27-67 M.D. directar, page 3 shauld be filed v 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) E. E. FOLK III. M.D. VA Hospital - Perry Point, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Page 4 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify)
Burial Cedar Hill Cemeterv March 2-67 Suitland. Maryland 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1967 LEE FUNERAL HOME - Washington. D.C.



2	_ 1		MARYLAND STATE DEPARTMENT OF HEALTH	
-	FOR OTITE		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
	FOR STATE		02092 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02088	
	HEALTH DEPT.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edited).	inission)
	essary r. Page files. ant of		OFCIL MARYLAND O. STATE PHARMAND B. COUNTY OFCIL	
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be executional in the along we along we l-transit premoval,			18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DE.	VEEN /
			PART 1. DEATH WAS CAUSED BY: CORORARY IN SUFFICICLY ONSET AND DE.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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the we Medica Should to bur		CERTIFICATION	20e. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.)	
S G P C G			CAUSE OF DEATH. DIED IN SLEEP	
EDICAL EXAMINER: he certificate, writing the warded to the Chief Me NRECTOR: Page 3 sho signated agent, prior to		MEDICAL	Hour e.m. 63 / While Not While in fectory, street, office bldg., etc.)	tete)
EXAD ate, with the Control of the Co		ME	196 / et work et work AT HAME GHESAFEAKE CITY M	1)
d o o			21. I certify that I flook charge of the remains described above, held an Autopsy . Inspection Inquiry . and in my opi	inion
Cert de de nate			death resulted from: Natural causes Accident . Suicide . Homicide . Undetermined manner	
MEDICAL o the certific forwarded to DIRECTO designated			CHIEF MEDICAL EXAMINER [1/1-
Cute to for its de	1		SIGNATURE COLUMN LASSISTANT MEDICAL EXAMINER DATE/SIGN	res)
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TO DEPI please e 4 should TO FUN Health	0	723	FUNERAL DIRECTOR DLA LA ADDRESS 1248. REC'D BY REGISTRAR'S SIGNATURE	<i>)</i> -
VR A15ME		43	22 . E. Werthing Figure	
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02093

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

HEALTH DEET		0600	N
HEALTH DEPT.	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence	befare admission)
af de de	o. COUNTY Cecil MARYLAND	Maryland b. COUNTY Ceci	1
ay is 3 to Poge	b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN fb	c. CITY OR TOWN (If outside carparate limits, write RURAL and give r	
ry delay 2, and 3 PM3. Po artment	write RURAL and give nearest tawn)		001
P.V.	Chesapeake City	Chesapeake City	O 1-1
n, 2 n Dep	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
ofter death. If 8. Give Pages olong with forr with the State [George & Third Streets.	Rt.#1	YES NO D
Sto	3. NAME OF First Middle	Lost 4. DATE Manth	Day Year
de w	OFFICEASED (Type or print) JOSEPH STANLEY	BOUCHELLE S DEATH February	4. 1967
ffer deoth. I Give Poges ong with for th the Stote	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1)	
24 hours ofter deoth. If any delay in Item 18. Give Poges 1, 2, and 3 est Office olong with form PM3. Poges rand 2 with the State Department after death.	Male White WIDOWED DIVORCED	3 - 30 - 13 53 yrs.	Days Haurs Min.
hours tem 1 Office and 2	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State ar foreign country) 12. CITIZ	ZEN OF WHAT
S S T	during most of working life, even if retired) BUS PRIVER SCHOOL BOARD.	CECIL CO. 0.	NTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
This certificate should be executed within cate, writing the word "pending" in pencil be forwarded to the Chief Medicol Examine I be used os a buriof-tronsit permit. File pagremovol, and in any event within 72 hours or	JOSEPH BOUCHELLE	LULA BOULDEN	
d wit in per Exan File 72 hou		INFORMANT Address C HE	SAPEAKE
ld be executed rd "pending" in Chief Medicol E rtonsit permit. F event within 72	(Yes, no, or unknown) (If yes give wor ar dotes of service) 213 -20 - 7734 R.		ITS, MD.
Med Med with	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)		INTERVAL BETWEEN
e e e e f na sit	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriosclerotic C.	ardiovascular Disease	ONSET AND DEATH
d b d b Chi	H 2 21 DUE TO	2202070000202	
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This certificate should rifficate, writing the word ld be forwarded to the C uld be used os a buriol-tr or removol, and in any every	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
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or or or	FRIMARY Or CONTRIBUTING CAUSE OF DEATH.		
INER: The certification of recording the should by files. 3 should tion, or recording to recording the should		ACE OF INJURY (Home, form, 20f. (City or town) (Coun	ty) (Stote)
the 3	Hour o.m. While Not While for	ctory, street, affice bldg., etc.)	
EXAMINER: cute the cert age 4 should r your files. Poge 3 shou	p.m. 17 of work — of work		1.
L EX kecut Pag for y NR: Po	21. I certify that taak charge of the remains described above, h		and in my opinia
te exector. Pred for ECTOR burriol,	death resulted fram? Natural causes 🗵 , Accident 🔲 , Sui	cide , Hamicide , Undetermined manner	
MEDIC. pleose e director retoined DIRECTOR or to bur	ACTUAL (AST CONTINUE)	CHIEF MEDICAL EXAMINER	OR DATE SIGNED
ple did	SIGNATURE SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
JTY, ry, ero be prid	EXAMINER'S Rudiger Breitenecker, M.D.	DEPUTY MEDICAL EXAMINER	2/4/67
TO DEPUTY MEDICAL Enecessory, pleose exect the funerol director. Po 5 may be retoined for TO FUNERAL DIRECTOR: Health prior to buriol,	NAME (Type) Rudiger Breftenecker, M.D.	Address (Street, city, town, ar caunty)	2/1/0/
O D D The The S m S The Heal	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR		County) (State)
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17	24. FUNERAL DIRECTOR Pobert face ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIG	SNATURE A
VR A15ME (5)	PIPTIN FUNERAL HOME ELATOI	VINID DATE FEB 15 1967 July	A STATE OF THE PARTY OF THE PAR
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02029 LIVE SUBJECT OF SUBJEC

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 · CERTIFICATE OF DEATH deoth. be executed within 24 haurs after deoth. funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY O. STATE OF COLUMBIA Cecil MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 24 days WASHINGTON PERRY POINT d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? eose remove carbon poper and in any event, within 72 VA Hospital 4713 Eads Street, N. E. YES NO TO 3. NAME OF 4. DATE First Middle Lost Month Year DECEASED FEBRUARY 1967 LAFAYETTE BUNDY VERNON (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years lost birthdoy) 7. MARRIED X NEVER MARRIED Months Dovs Hours 12-13-95 WIDOWED DIVORCED Male Negro 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) INDUSTRY COUNTRY? attending physicion permit. Then pleose Maryland Messenger 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physiburiol-tronsit permit. Then planiel, cremation, or removal, (Unknown) Algernon Bundy Anne 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address requires that the death VA RECORDS, VAH, PERRY POINT, MARYLAND 577542747 YES 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH Arteriosclerotic coronary heart disease severe IMMEDIATE CAUSE (o) X RUE TO Ventricular fibrillation Sudden Conditions, if any, which gove rise to immediate couse (o), DUF TO stoting the underlying couse the has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS)
PERFORMED? PHYSICIAN: The YES X NO TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) of work of work 1967___ta__ 2-4 21. I certify that XX(this haspital) attended the deceased from. . 1967, XHAXIMXXXXXXXXXXX 1-11 Page 4 moy be retained MONTH REPORT OF THE PROPERTY O 22o. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. director, page 3 should be filed v M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Irina Reus M.D. VAH Perry Point, Md. NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23q BURIAR, CREMATION, (Stote) (County) REMOVAL (Specify) Ft Myer, Virginia Arlington National 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR & Minings 4925 Deane Ave. N.E VR A15 (4) 20 M 1/66 HENRY S. WASHINGTON & SON Melianes Washington, D. C. DATE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. funerat PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Cecil the n a. STATE Maryland after Cecil MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Page oon papers. Pag within 72 hours hours Elkton 3 mos. Cecilton = filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS Union Hospital YES NO T nd completely f executed within 3. NAME OF DATE Month Year First Middle Last Day DECEASED OF DEATH event, 1 Ellen (Type or print) Hester Etta 1967 Cannan Feb. 18 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Iast birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED SEX 8. DATE OF BIRTH WIDOWED DIVORCED [Female Cauc. Oct. 22. 1887 79 10a. USUAL OCCUPATION (Give kind of work done l 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) pe COUNTRY? School Teacher attending physic ermit. Then plea Cecil Co., Maryland
14. MOTHER'S MAIDEN NAME USA death certificate 13. FATHER'S NAME removal Hester Ann Blackway James Albert Cannon transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give war or dates of service) TI Sarah Cannan Cecilton, Maryland CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH has been signed by the as the burial-transit in prior to burial, crema PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. Cerebral thrombosis Wee DUE TO Conditions, If any, which Cerebral arteriosclerosis (b) years gave rise to immediate DUE TO cause (a), stating the underlying cause last. ICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY this certificate hetached for use the Dept. of Health PERFORMED? NO X Drevious CVA 5 y 2Dd Accident was underlying 10 OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Vears ago Diabetes Nellitus FRactu CERTIFI MEDICAL 2Dd. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While director, page 3 should be d should be filed with the State be retained by at work at work 18 Feb., 19.67, that (I) (we) last 66to 21. I certify that (I) (this hospital) attended the deceased from 19 and that death occurred at 2:300 from the causes and on the date stated above. 1967 Feb saw the deceased alive on 22b. DATE SIGNED 22a SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. Page 4 may 1 M.D. PHYSICIAN'S 22d. ADDRESS NAME (Type) Wallace G. Obenshain , M. D. Cecilton, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION. 23b. DATE THEREOF Feb. 21, 1967 Cecilton, Cemetery Cecilton, Maryland 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Millington, Maryland 21651 VR A15 (4) Edward Fellows 15M 4-64

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Blace G. Chenchmin, M. L. Coullin, Maryland

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1	02096 CERTIFICATE	OF DEATH		02092					
j.	PLACE OF DEATH a. COUNTY		CE (Whare dacaasad lived, If						
	Cecil MARYLAND	a. STATE Marv	b. coบเ ใลก ศั	Cecil					
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		If outside corporate limits, writ						
	R. D. Elkton	R. D.	Elkton	07-					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS		•. IS					
_	Maloney Road	Maloney	Road	YES					
3.	DECEASED	Masi Olloy	4. DATE Mont	h Day 1					
	(Type or print) Stephanie J.	Carnill	DEATH Februa	ary 4					
5.	TO THE TOTAL PARTY OF THE PARTY	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UND					
		October 1,	1966 yrs.	4 3					
10 d	Da. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (Coun	ty & State, or foreign country)	12. CITIZEN OF WHA					
		Harford C	county, Md.	U. S					
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME						
	Thomas A. Carnill	Evelyn F	Plummer						
15 (Y		INFORMANT	Addras	SS .					
	T)	homas A. Ca	rnill, R. D	. Elkton,					
	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	,		INTERVAL ONSET AN					
0	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	NEGOT	Farlus	ONSET AT					
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	Conditions, if any, which) (b) (The Girn of	ul trea	if t Deal	and					
	gave rise to immediate cause (a), stating the underlying DUE TO								
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NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	VEN IN PART 1(a) 19. WA					
CERTIFICATION				YES					
TIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH	ED. (Entar natura of injury in	Part I or Part II of itam 18.)						
-	20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20a. PLA Hour a.m. While Not While fac	ACE OF INJURY (Home, farm	20f. (City or town)	(County)					
CAL	p.m. 19 at work at work	, , , , , , , , , , , , , , , , , , , ,	' 						
-	21. I certify that (1) (this hospital) attended the deceased from.	6 c+ 1,	19,65, to I ada 4	/, 19.5.7, that (1)					
CAL		m) 9	P.M. from the causes	,					
CAL	22a, SIGNATURE	ATTENDING A	AED. STAFF	2					
CAL			DIRECTOR PHYS.						
CAL	I and I ame in	A.D. PHYS. D							
CAL	22c. PHYSICIAN'S	22d. ADDRESS							
CAL		22d. ADDRESS	Medical Park	, Elkton,					
MEDICAL	22c. PHYSICIAN'S NAME (Type) Joseph G. Lanzi, M.D. 3a. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY	22d. ADDRESS Elkton N	fedical Park						
MEDICAL	22c. PHYSICIAN'S NAME (Type) Joseph G. Lanzi, M.D.	22d. ADDRESS Elkton M OR CREMATORY		own or county)					
WEDICAL	22c. PHYSICIAN'S NAME (Type) Joseph G. Lanzi, M.D. 3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Spacify)	22d. ADDRESS Elkton N OR CREMATORY Or Mem. Par	23d. LOCATION (City, to	cecil Co.					

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October 1, 1906 4 5

Eurland Country, Md. J. S. A.

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Joseph G. Lanel. M.D. - Elkton Medical Purk, Elkton, Mt.

Burist Feb. 0,1967 Gligid Manor Man. Park Sikton, Cacil Co. Md.

Hors come for Finerals, Elites, M. - W.

RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF SEXT 2. USUAL RESIDENCE (Where dacaesed lived, Il Institution: Residence before admission) a. COUNTY Page b. COUNTY ō seth. It any uses, 3 to the funeral director. Pag MARYLAND Department b. CITY OR TOWN (if outside corporate limits, «. LENGTH OF STAY IN 16 TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL end give nearest town) day after death. d. NAME OF HOSPITAL OR INSTITUTION (il not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State YES NOK 3. NAME OF Middle DATE Month 4. Day Year with the S DECEASED OF (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. may 2 with last birthday) and Hours within WIDOWED 4 hours Pages 1, 2, ar and 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Give Pages 1, 2, orm PM3. Page done during most of working life, even if retired) event File pages 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME any form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, ng, or unkown) | (Ifyes give wer or detes of service) and Medical Examiner's Office along with in Item CAUSE OF DEATH [Enter only one sause per line for (e), (b), and (c).] INTERVAL BETWEEN remova ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IN in pencil DUE TO planohs ō Conditions, if eny, which (b) cremation gava rise to immediate ceuse Ø pending DUE TO (a), stating the underlying Se certificate cause lest. be used CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY agent, prior to burial, PERFORMED? Word NO plnods 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury In Part I or Part II of item 18.) sase execute the certificate, writing the should be forwarded to the Chief Med PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 3 MEDICAL Page 20d, INJURY OCCURRED | 20c. TIME OF INJURY Month, Day, Yaar 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., atc.) While Not While at work DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Accident Suicide Undetermined manner Natural causes Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER FUNERAL SIGNATURE or its DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S Address Street, GTY TOWN, or Sounty NAME (Type) No FUN Health 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) REMOVAL (Specify) Angel Hill Cemetery Havre de Grace. Burial 23. FUNERAL DIRECTOR REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VR AISME Elkton. Md. Funerals. Tor 5M 1/63

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Harm Home yor Minerale, 11 Kan, 18.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02094 02098 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Cecil b. COUNTY a. STATE popers. Pages 1 in 72 haurs after MARYLAND Marvland Cecil The law requires that the deoth certificate be executed within 24 hours after filled in by the fun popers. Pages b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Perryville Perruville d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? 00 Elm Straet Elm Street YES NO 3 vent, within 3. NAME OF carbon Middle 4. DATE First Lost Doy Year DECEASED Duffy (Type or print) Paul DEATH Feb IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED 64 lost birthdoy) Months Doys Hours WIDOWED DIVORCED ond in any Mala Can. Dec. 72. 1902 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? **INDUSTRY** Penna. Ratined TISA VAH Perry Poin 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal, Charles A. Duffy Mary M. Alexander 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 218-32-3102 Helen M. Duffy. Perryville 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH burial-tronsit IMMEDIATE CAUSE (o) signed by be retained by the haspitol ar ottending physicion. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse as the O FUNERAL DIRECTOR: After this certificate hos been lost. 19. WAS AUTOPS!
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) far use of Health NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (Stote) 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour o.m. Not While 19 of work at work 19 6610 -231967 that (1) (we) lost 21. I certify that (1) (this hospital) attended the deceased fram tale 23-1967-, and that death accurred at M. fram causes and on the dote stoted obove. saw the deceosed alive on 22b. DATE SIGNED 22o. SIGNATURE 小 M.D. PHYS. DIRECTOR PHYS. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) Clarence Port Deposit Benson director, should by 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, REMOVAL (Specify) North North East Cemetery Tagt. 2Sb. REGISTRAR'S SIGNATURE 24. FUMERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 MODATE MAR & Son. Perrvville.

CONTRACTOR CONTRACTOR

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02099 CERTIFICATE OF DEATH death. The law requires that the death certificate be executed within 24 haurs after death funeral 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Ceci] Marvland rease remaye carbon papers. Pages 1 and in any event within 72 haurs after MARYLAND filled in by the fun papers. Pages b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Deposit Life Port Deposit d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE d. STREET ADDRESS ON A FARM? NO X N. Main Street YES N. Main 3. NAME OF Middle 4. DATE First Lost Doy Year rsician and campletely f please remave carbon OF DEATH DECEASED George N. Grant (Type or print) Feb 9. AGE (In years 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** lost birthdoy) Months Doys Male WIDOWED DIVORCED Cau. May 29, 1893 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INDUSTRY attending physician sermit. Then please Retired Hosnita] Maryland
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, ar removal, Charles N. Grant Elizabeth Fuller 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unknown) (If yes give war or dotes of service) Hazel K. Grant Port Deposit 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEAT IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO for use as the t stoting the underlying couse this certificate has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? NO A YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED Not While factory, street, office bldg., etc.) 19 ot work at work TO FUNERAL DIRECTOR: After 3 should be with the State 21. I certify that (1) (this haspital) attended the deceased fram 144/11 1900 . to de 19/ 7, and that death accurred at M, from causes and on the date stated above sow the deceased alive an. 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. X director, page 3 should be filed v M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Clarence NAME (Type) Benson M.D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL, CREMATION, REMOVAL (Specify) -7967 Hopewell Cemetery 258. REC'D BY REGISTRAR 24. EUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE FE 6 2 4 Perryville . Md . Patterson & Son

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201. 02100 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a. COUNTY o. STATE waryland b. COUNTY Cecil MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest fown)
Perry Point 18 days Hagerstown, d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 114 Clarkson Ave. VA Hospital YES NOXX 3. NAME OF Middle 4. DATE First Day Year DECEASED OF DEATH 67 JACKSON February 6, WALTER S. (Type ar print) 9. AGE (In years last by that) S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED Manths Days Haurs 10-7-89 Male Negro WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Mondel. Md. U.S.A. Laborer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Sally Summers (D) Arvin Jackson (D) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknown) (If yes give war ar dates af service 217-16-2995 VA Hospital Records - Perry Point, Md. Yes 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE (AUSE (a) Arteriosclerotic heart disease DUE TO Canditians, if any, which gave (b) Chronic brain syndrome assoc. with cerebral rise ta immediate cause (a). DUE TO arteriosclerosis stating the underlying cause last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO F 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. factory, street, affice bldg., etc.) While Not While at wark 21. I certify that (this hospital) are noted this deceased from 1-19-67 to 2-6-67 . 19 HAR GIP GUETIESE . 19 sow the reference day on the date stated above. 22b. DATE SIGNED 2-7-67 22a SIGNATURE MED. DIRECTOR STAFF PHYS. **ATTENDING** M.D. 22d. ADDRESS 22c. PHYSICIAN'S VA Hospital - Perry Point, Md. NAME (Type) GOLDGRABEN. M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (Caunty) (State)

967 National Cemetery

Watson, Z4 W. Bethel St., Hagerstown,

Gettysburg

2Sq. REC'D BY REGISTRAR

DATE

2Sb. REGISTRAR'S SIGNATURE

Charley

VR A15 (4) 20 M 1/66

director, page shauld be filed

Burial (Specify)

24. FUNERAL DIRECTOR

Feb

O FUNERAL DIRECTOR: After this certificate

O HOSPITAL OR ATTENDIN

certificate be executed within 24 haurs after death.

requires that the death,

ampletely filled in by the funeral ve carban papers. Pages 1 and 2 event, within 72 haurs after death

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signed by the burial-transit p

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

02097 CERTIFICATE OF DEATH

		PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence befare admission) o. STATE b. (OUNTY											
		Cecil			MARY		Virginia							
	ŀ	b. CITY DR TDWN (write RURAL and	If autside corporate limit d give nearest tawn)	S,	c. LENGTH OF STAY I				(AL and give nearest tawn)					
		Perry Po	pint		8 mos 1 day		Alexan	dria		8.	83-3			
1	(d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)					d. STREET ADDRESS					IS RESIDE On a far	RM?	
		Veterans	s Administ	ration	Hospital		1310 R	iver	side Road		YE:	S 🔲 N	10 50	
\mathbb{N}		NAME DF DECEASED	Fi	rst	Middle		Last	4. DATI	E Man	th	Day	Year		
/	(Type or print) MALACH:				IMI		JASPER	DEAT		ry 27		19	57_	
	S. S	SEX	6. CDLOR OR RACE	7. MARRIED	NEVER MARRIED	8 🔲 9	. DATE OF BIRTH		9. AGE (In years	Months I		Haurs	Min.	
		Male	Negro	WIDOWED	DIVORCED		12-6-92	12.0	last birthday) 74 yrs.				143411.	
	100.	. USUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR DUSTRY	1.77	11. BIRTHPLACE (County & State, ar fareign country)			12. CIT	IZEN DF W JNTRY?	TAHV		
	uura.	Farmer	life, even if retired)	114	DOSIKI		Fairfax (Va.		U.S.	A.	6	
	13.	FATHER'S NAME				5	14. MOTHER'S MAIDEN	NAME				A)		
		John	(D)			30.3	Carline !	Luke	(D)			384		
	IS.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. 3	SOCIAL SECURITY ND.	17. 11	FDRMANT		Addr	ess				
	(16	Yes	(If yes give war or dates)	5'	78-18-236	4 VA	Hospital	Recor	rds, Perr	y Poi	nt,	Md.		
1		18. CAUSE OF DI	EATH (Enter only one ca	se per line far	(a), (b), and (c).)				PH 19.00		INTER	VAL BETW		
		PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Confluent Bronchopneumonia, Bilateral 40NSFT AND DEAT CAUSE (a) Confluent Bronchopneumonia, Bilateral 40NSFT AND DEAT CAUSE (b) Confluent Bronchopneumonia, Bilateral 40NSFT AND DEAT CAUSE (c) CONFIL CAUSE (c) CAUSE (c)									P S			
		334X DUE TO												
		Conditions, if any, which gave is to immediate cause (a), (b) Bronchiectasis								4-8 months		ths		
		stating the under		TO Chr	onic Brai:	n Svi	ndrome due	to			14,0			
		last.)	(c) Ce:	rebral Ar	terio	sclerosis				Ye	ars		
	Z	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)									19. W	AS AUTO	25Y	
4	MEDICAL CERTIFICATION	33										N K		
	E	20a. ACCIDENT WAS		205. DE	SCRIBE HDW INJURY O	CCURRED. (Enter nature af injury in	Part I ar F	Part II of item 18.)					
	E		CAUSE OF DEATH MEDICAL EXAMINER)											
6	100 N	20c. TIME OF INJU	JRY Month, Day, Year		JURY OCCURRED		E OF INJURY (Hame, farm		. (City or town)	· (Cou	nty)	(S1	tate)	
	ME	Haur a.r p.r	10	While of work		tacto	ry, street, affice bldg., etc.	,						
		21. I certi	fy that XIX (this has	pital) attend	ded the deceased	fram_ 4	uly 1	19 66	ta Feb. 2	7, 19_	67th	XPC/W	EXM	
		NOW NEXT	ecepsedxolipexon x	XXXXXX	XXXXXXXXXX	and that	deoth occurred at	2:45	M, from causes	and on th	e date	stated	obove.	
		22a. SIGNATURE	'he on!				ATTENDING	MED.	STAFF -	1 - /-	TE SIGNED			
		2	10 agric			M.D	. PHYS.	DIRECTOR	PHYS.	1 2/2	8/67			
		22c. PHYSICIAN'S NAME (Type	a dot Da	RABEN,	M D		22d. ADDRESS	1+07	, Perry F	oint	MA			
					M.D.									
	23a.	REMOVAL (Specify	ON, 23b. DATE TH	EREOF	23c. NAME OF CEME				LOCATION (City or To	wn)	(County)	(Sto	ite)	
	_	REMOVAL (Specify		-60	SNOW	DEX		Ta	1 1/00	CO.	Va	1		
	24.	. FUNERAL DIRECTO		~ B1	CADDRESS			D BY REGI		EGISTRAR'S SI		1		
Ç.		NELSO.	n greene fu	INERAL .	HOME - ATE	X8II0I	ia Va. DATE M	IAK Z	1967	1 man	CA)	more	Name of Street	

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Dept. af Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

3 20020 ALEXA DESCRIPTION OF THE SECOND CO. THE SECOND CO.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death by the funeral and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission a COUNTY Cecil b. COUNTY Maryland MARYLAND c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest tawn) mos 8 Perry Point days Baltimore the attending physician and campletely filled in sit permit. Then please remave carban papers. nation, or remayer, and in any event, within 72 h d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Veterans Administration Hospital 1126 West Franklin Street YES NO TSE 3 NAME OF First Middle 4. DATE Last Year DECEASED JENNINGS (Type ar print) WILLIAM February DEATH S. SEX IF UNDER 1 YEAR 9. AGE (In years 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED 4 dast birthdoy) Doys Hours 7-24-20 WIDOWED DIVORCED Negro Male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired)
Laborer INDUSTRY COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Chester Jennings Maude Weaver 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknown) (If yes give war or dates of service) burial, crematian, or Yes 213-16-5404 VA Hospital Records, Perry Point, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Cirrhosis of the liver IMMEDIATE CAUSE (o). be retained by the haspital ar attending physician DUE TO Conditions, if ony, which gove rise ta immediate couse (a). DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NO X YES far 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Caunty) (State) Hour o.m. factory, street, office bldg., etc.) Nat While of work ot work . 19 66, to Feb. 9 . 1967, thank it be party to say 21. I certify that (X (this haspital) attended the deceased fram Nov. 3 shauld 22o. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF DIRECTOR 2-9-67 M.D. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) ROTHFELD. M.D. VAH, Perry Point, Md. directar, shauld b 23o. BURIAL CREMATION. 23b. DATE THEREOF. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Tawn) (Caunty) (State) REMOVAL (Specify) yria 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

Sullivan Funeral Home, Baltimore, Md.

lianley

MARYLAND STATE DEPARTMENT OF HEALTH

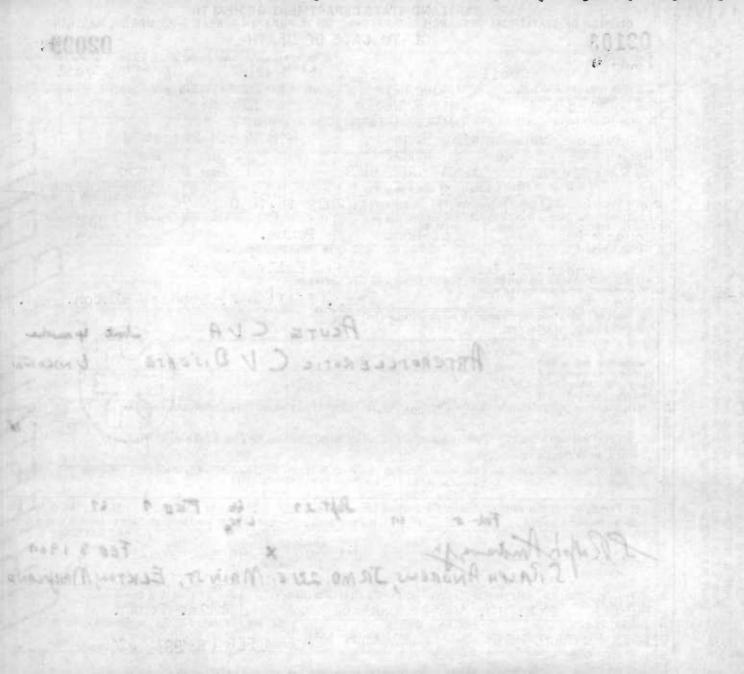
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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02104 CERTIFICATE OF DEATH 02100requires that the death certificate be executed within 24 haurs after death. death completely filled in by the funeral ove carban papers. Pages 1 and y event, within 72 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE Maryland o. COUNTY b. COUNTY Cecil MARYLAND c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b RURAL ond give neorest town) Elkton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Union Hospital RD# 2 NO YES 3. NAME OF Middle Last 4. DATE Month Doy Year DECEASED OF DEATH February 8 M. Kemp 67 (Type or print) Christine 19 IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** last birthdoy) Months Dovs Female White July 21,1906 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR COUNTRY? physician en please **INDUSTRY** New Jersey d by the attending physici I-transit permit. Then ple I, crematian, or remaval, a 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Willard Philhower Buckom Margaret 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service Elkton, Md. RD# 2 Norman J.Kemp INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p burial, cremati ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PULMONARY EDEMA IMMEDIATE CAUSE (o) TO CARDIAL HYPERTROPHY Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse as the the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) Denochacinoma UTERUS @ occlusion Common ILIAC VESSELS NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Not While foctory, street, office bldg., etc.) ot work to 2/8/67 21. I certify that (1) (this hospital) attended the deceased fram. ____, that (I) (##) last saw the deceased alive an 2/7/67 and that death accurred at5 AM, fram causes and an the date stated above. director, page 3 sha shauld be filed with 22b. DATE SIGNED MED.
DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S Elkton.Md. NAME (Type) Robert J. Gray 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF (County) (Stote) 23o. BURIAL, CREMATION, REMOYAL (Specify) Silverbrook Wilmington, Delaware 2/11/67 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence o. COUNTY eci o. STATE b. COUNTY Newcastle 0 death. MARYLAND 3 Department b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN th c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town write RURAL and give negrest tawn) Newcastle after D.O. A. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS farm haurs ON A FARM? Union Hospita 8. Give Pages ate NO IT 24 haurs after death. 3. NAME OF 4. DATE Manth Day Year within 72 DECEASED 0F 6 19 (Type ar print DEATH IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE B DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Manths Days Haurs 10-1912 WIDOWED DIVORCED I 10g, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired) LNDUSTRY COUNTRY Montana Truck-driver 13. FATHER'S NAM 14. MQTHER'S MAIDEN NAME pencil Examine be executed within Severina B. Hallum pup 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, na, ar upknown) (If yes give war or dotes of service remayal 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: ar IMMEDIATE CAUSE (a) Word certificate shauld crematian, DUE TO Conditions, if any, which gave rise to immediate couse (a). DUF TO stating the underlying couse OS burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? certificote, YES NO 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 1B.) PRIMARY ar CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar town) (County) (State) Haur a.m. factory, street, affice bldg., etc.) FUNERAL DIRECTOR: Page at work at work Inspection . 21. I certify that I taak charge of the remains described above, held an Autapsy Inquiry 17 and in my opinion Notural couses Accident Suicide death resulted from: Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE D DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) Address (Street, city, town, ar county) 23a. BURIAL CREMATION. 23d. LOCATION (City or Town) (State) 0 REMOVAL (Specify) BRIDGEVILLE BRIDGEVILLE DEL 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) DATE 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02107 CERTIFICATE OF DEATH on and completely filled in by the funeral se remove carbon papers. Pages 1 and 2 and 12 id in any event, within 72 hours after death. requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Cecil b. COUNTY Delaware N.C. MARYLAND CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Elkton | Wk
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) Newark d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1101 Barksdale Road YES NO Union Hospital Middle 3. NAME OF First Lost 4. DATE Month Doy Year DECEASED OF DEATH 2-22-67 Edward Stanley Machulski 19 (Type or print) IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR NEVER MARRIED last birthday) Manths Davs White Male WIDOWED DIVORCED 11-13-1914 11. BIRTHPLACE (Caunty & State, or fareign cauntry) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)
Machinist U.S.A Mfg. Wilmington, Dela. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary John Machulski attending 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT signed by the attendi buriol-transit permit. burial, cremation, or re (Yes, no, ar unknown) (If yes give war or dates af service) 221-01-9966 Stella N. Machulski Same INTERVAL BETWEE 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Chronic syndrome due to alcohol NO X brain Page 4 may be retoined by the hospital ar O FUNERAL DIRECTOR: After this certificote 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Haur a.m. factory, street, office bldg., etc.) Nat While at wark at work , 1965, ta 2-22-67, 1967, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. director, page 3 should should be filed with the 19 67, and that death accurred at 8 5M, from causes and an the date stated above. saw the deceased alive an_ 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** 2-24-67 M.D. 22d. ADDRESS 22c. PHYSICIAN'S Medical Building, Newark, Delaware NAME (Type) Williford Eppes 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23a. BURIAL, CREMATION REMOVAL (Specify)
Burial Dela. 2-25-67 Sll Saints Cemetery Marshallton, 2Sb. REGISTRAR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 74 FUNERAL DIRECTOR VR A15 (4) Newark, Dela. Charles Judge 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00104 CEPTIFICATE OF DEATH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law Page 4 may be retained by the haspital ar attendin TO FUNERAL DIRECTOR: After this certificate has bee directar, page 3 should be detached far use as the shauld be filed with the State Dept. af Health priar to the state Dept.		NAME (Type)	S. A. HI	EGEDUS,	M.D.		VAH	, Per	ry Point	, PICC.		
O HOSPII Page 4 m D FUNER, directar, shauld b	230	BURIAL, CREMATION,	23b. DATE TH	EREOF	23c. NAME OF CEME	TERY OR C	REMATORY	23d.	LOCATION (City or To	own)	(County)	(Stote)
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. //	24	FUNERAL DIRECTOR			ADDRESS			C'D BY REGIS		EGISTRAR'S S	GIGNATURE	
VR A15 (4) 20 M 1/66	Vu	tter Fune	ral Home	, Balti	more, Md	•	DATE	FEB 2	2 4 1967	Mille	reles	Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Cecil Ceci 7 Maryland after MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b write RURAL and give nearest town) Wks. Elkton cton bon papers. within 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Main Street YES NO X executed within etely pou 3. NAME OF First Middle Last DATE Month Day Year DECEASED 1967 (Type or print) Mc CARTY MARTON DEATH February 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 8. DATE OF BIRTH ev 7. MARRIED NEVER MARRIED last birthday) Months | Days Female WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even If retired) INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) hysician death certificate be ouse wife Hampton. Va. home at 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Ethel Howard George W Rowe 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Md. ö (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Litzenberg Gertrude None CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN law requires that the ONSET AND DEATH ial-transi I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) signed burial-ti burial, DUE TO Cenditions, If any, which (b) peen gave rise to immediate DUE TO cause (a), stating the underlying cause last. as WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? certificate NO X YES 0 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) detached MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 19 67 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that deat Poccurred at b P M. from the causes and on the date stated above. 1967 saw the deceased alive on. 22a. SIGNATURE DATE SIGNED ATTENDING DIRECTOR M.D. FUNERAL 22c. PHYSICIAN'S 22d. **ADDRESS** should be director, NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23b. DATE THEREOF BURIAL, CREMATION, 23c. REMOVAL (Specify) 2 Immaculate Concention Cemeterv 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02113 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. filled in by the funeral papers. Pages 1 and 2 thin 72 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Cecil o. STATE b. COUNTY MARYLAND New Jersey C. LENCTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 3 mos yrs Lavallette Perry Point d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS filled 600 Grand Central Avenue Veterans Administration Hospital YES NO SE campletely fi 3 NAME OF 4. DATE First Lost Doy Year DECEASED 1967 CHARLES SCHLOSSER February (Type or print DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In veors 7. MARRIED x NEVER MARRIED remave lost birthdoy) Months Doys Hours WIDOWED DIVORCED 7-14-96 Male White bug 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) FIGURE during most of working life, even if retired) INDUSTRY COUNTRY? and Freehold, New Jersey U.S.A. None 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physi attending phy Joseph Schlosser Emma A. Clark 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war or dates of service) 42-18-1758 VA Hospital Records, Perry Point, Md. Yes crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Acute pulmonary edema IMMEDIATE CAUSE (o) physician. DUF TO burial, Arteriosclerotic heart disease 6-7 years Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse as the has been Arteriosclerosis, generalized last. vears 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? Cerebral infarction - old (C.V.A.) YES TO NO O FUNERAL DIRECTOR: After this certificate for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (A this hospital) ottended the deceased from May. 22 1964 to Feb. be retained should 22o. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR 2-3-67 director, page 3 shauld be filed v M.D. PHYS PHYS. TO HOSPITAL (Page 4 may b 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) S. GOLDGRABEN. M.D. Hospital, Perry Point, Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) -6-1967 Burial Greenwood Cemetery Briello REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) haveley 1967 FEB Patterson Funeral Home, Perryville, Md. 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02114 CERTIFICATE OF DEATH and 2 death. requires that the death certificate be executed within 24 haurs after death physician and campletely filled in by the funeral en please remave carban papers. Pages 1 and bval, and in any event, within 72 haurs after deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Cecil o. STATE b. COUNTY None MARYLAND Maryland C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Baltimore 3 yrs,1 mont Perry Point e. IS RESIDENCE ON A FARM? A STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) VA Hospital 6107 York Road YES NO X NAME OF Middle DATE First Lost Month Year DECEASED 1967 JAMES OLON SCRIMGER FEBRUARY DEATH (Type ar print) IF UNDER 1 YEAR IF LINDER 24 HRS B. DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Davs Haurs May 13,1896 MALE WHITE WIDOWED DIVORCED 12. CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or fareign country) COUNTRY? during mast at warking life, even if retired) INDUSTRY Bal timore, Maryland
14. MOTHER'S MAIDEN NAME Lawyer Law 13. FATHER'S NAME Laura Jane LaBarre Harold B. Scrimger the attending parties in the IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give war or dotes of service) 216-09-8884 VA Hospital Records- Perry Point Maryland Yes WW burial, crematian INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY Broncho-pneumonia of both lower lobes IMMEDIATE CAUSE (a) 4201 DUE TO Arteriosclerosis, generalized with severe coronary involvement Canditians, if any, which gave vears rise ta immediate cause (a), DUF TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO YES XX 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20e. PLACE OF INJURY (Hame, farm, (City ar town) (County) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. Nat While TO HOSPITAL OR ATTENDING Page 4 may be retained by the at work at wark 12/16 19 63, ta 0 directar, page 3 shauld should be filed with the 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. ATTENDING /1967 M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) IRINA REUS. M.D. VA Hospital, Perry Point, Maryland 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) 23b. DATE THEREOF (State) 23o. BURIAL, CREMATION Burial (Specify) Baltimore National -Old Baltimore, Md. /1967 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR & Sons Co. .W. Jenkins DATE FEB 196 Charle

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S Page	8	b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH DF STAY IN 1b	CHESAPEA KE		and give hearest town)
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fille pape hin 7	/	NON HOSPITAL		GEORGE		YES ND ND
The law requires that the death certificate be executed within 24 hou or attending physician. Cate has been signed by the attending physician and completely filled in ruse as the burial-transit permit. Then please remove carbon papers, eaith prior to burial, cremation, or removal, and in any event, within 72 hours.	3.	NAME DF First DECEASED	Middle	Last 4. DATE		Day Year 1967
comp e ca event	5.	(Type or print) HELEN SEX 6. CDLOR DR RACE 7. MARRIED	NEVER MARRIED 1	ERIDAM DEAT B. DATE OF BIRTH 9		200 /
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certificat iding phy Then p removal,	5	AMES W. FORWOOD,	CR.	MARY R.	SHERIDA	PN
h ce tendi iit.] or re	15.	WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. s, no, or unkown) (If yes give war or dates of service)		INFORMANT	Address C	HESAPTAKE
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hat the death cian. cian. cian. transit permit. cremation, or		PART I. DEATH WAS CAUSED BY:	CINOMATOSI	S OF INTEST	WAL TRAN	DNSET AND DEATH
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uires the physical signal purial burial		Conditions, If any, which gave rise to immediate (b)				
aw requir		cause (a), stating the DUE TO				
atten atten e has se as ch prid	S .	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CD	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
IAN: The la spital or att ertificate hed for use of Health p	FICA	AND AND DESIGNATION OF THE PARTY OF THE PART	SECONDE MON IN HUDY COOK		Dark II at IAam 20	YES NO
OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. JIRECTOR: After this certificate has been signed by ge 3 should be defached for use as the burial-tranged with the State Dept. of Health prior to burial, or eas with the State Dept.	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. D DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in i	Part I or Part II of Item 18.	,
NG PHYSICI by the hos ifter this ce be detache State Dept.		20c. TIME OF INJURY Month, Day, Year 20d. II	NJURY DCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f.	(City or town) (Cou	inty) (State)
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ENDI ined ined ined ould the		21. I certify that (I) (this hospital) attende	1-7 11	10, 1946, ti	Feb. 25, 19.	, that (I) (we) last
L OR ATTEN y be retain DIRECTOR: age 3 shoul		saw the deceased aliye pn. 22a. SIGNATURE	19_6/, and that	034		ATE SIGNED
. > = ==		Le N D	m.D		☐ STAFF ☐ 2	25/67
TO HOSPITAL Page 4 may TO FUNERAL director, pag should be file		22c. PHYSICIAN'S NAME (Type) HENRY V.O.	NO MD	22d. ADDRESS'	EHCE CIT	110
Page Page direction Shoul	23a	BURIAL, CREMATION, 23b. DATE THEREDF REMOVAL (Specify)	23c. NAME OF CEMETERY	DR CREMATDRY 23d. L		inty) (State)
	B 24.	FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REG	ESAPEA TE C	S SIGNATURE
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	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
and completely tilled in by the tuneral remove carbon papers. Pages 1 and 2 in any event, within 72 hours after death.	02116 CERTIFICATE OF DEATH 02112
	1. PLACE OF DEATH o. COUNTY Cecil MARYLAND 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE Maryland b. COUNTY Cecil
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b D.O.A. C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Charlestown
19	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) Union Hospital. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
Ī	3. NAME OF First Middle Lost 4. DATE Month Doy Year OF GILBERT SMITH OF DEATH Feb. 28 19 67
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Feb. 11, 1915 9. AGE (In yeors lost birthdoy) Months Doys Hours Min.
	10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Mechanic 10b. KIND OF BUSINESS OR INDUSTRY Auto Repair 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA 12. CITIZEN OF WHAT COUNTRY? USA
	13. FATHER'S NAME Harvey Smith 14. MOTHER'S MAIDEN NAME Louemma Maynard
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes Do, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Wilda M. Smith Charlestown. Md.
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Catalizate Facilure INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove) (b) My ocut died Infatte Tree Sec. Was.
	rise to immediate couse (o), stoting the underlying couse (c) COTOWARY HEART DISEASE SEC. YES.
3	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES \(\sigma \text{ NO } \square
	PERFORMED? YES NO 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. 10 While Not While foctory, street, office bldg., etc.) PERFORMED? YES NO YES NO (County) (County) (Stote)
	20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19 20d. INJURY OCCURRED While of work of two of work of two of work of two of work of two of t
	21. I certify that (I) (this haspital) attended the deceased fram, 19, ta, 19, that (I) (we) last saw the deceased alive an
	220. SIGNATURE The signature of the sig
4	PHYSICIAN'S NAME (Type) Rolando A. Najera 105 E. Main St. KX Elkton, Md.
	230. BURIAL, CREMATION, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Charlestown Cemetery Charlestown Cecil Md.
	Grant Funeral Homerul A. Charles 22 250. REC'D BY REGISTRAR 25b. REGISTRAR 3 1967

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02117 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) PLACE OF DEATH a. COUNTY b. COUNTY Ceci1 Maryland delay is ond 3 to M3. Poge Ceci1 Stote Deportment of MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) E1kton d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? word "pending" in pencil in Item 18. Give Poges 1, the Chief Medical Examiner's Office along with form Union Hospital 24% W. High Street 61 YES NO This certificate should be executed within 24 hours ofter death. 3. NAME OF First Middle 4. DATE DECEASED 19 67 CHARLES E. TAYT.OR February 16, (Type or print) DEATH IF LINDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthday) Haurs White Male. DIVORCED | Nov. 26. 1938 within 72 hours ofter death. WIDOWED 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)
Carpenters helper INDUSTRY Construction Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James William Taylor Oma Pearl Adams File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unknown) (If yes give war or dotes of service) James W. Taylor. Elkton. Md. 221-26-0076 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
Clube bot Flour INTERVAL BETWEEN ONSET AND DEATH in ony event IMMEDIATE CAUSE (a) Gunshot Wound of Abdomen pleose execute the certificate, writing the word I director. Page 4 should be forwarded to the Ch DUF TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stoting the underlying couse OS WAS AUTOPS cremation, or removol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION YES X 20a. EXTERNAL CAUSE WAS PRIMARY ☑ ar CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 3 shauld Shot during apparent altercation. with Police Officer. MEDICAL EXAMINER: CAUSE OF DEATH MEDICAL 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (Caunty) 20d. INJURY OCCURRED (State) 20c. TIME OF INJURY Manth, Doy, Year factory, street, office bldg., etc.) Not While at wark may be retoined for your FUNERAL DIRECTOR: Poge 16 1967 E1kton Ceci1 Marylan at wark 21. I certify that I taak charge of the remains described above, held an Autapsy [X], Inspection [7], Inquiry [7], and in my apinian Natural causes . Accident . Suicide Hamicide X Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED 5 may be reto TO FUNERAL DI Health prior t ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 2/17/67 Rudiger Breitenecker, M.D. Address (Street, city, tawn, ar caunty) NAME (Type 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (Caunty) 23a. BURIAL, CREMATION, Burial 2/19/67 Elkton, Cemetery Elkton. Md. 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTO VR A15ME (5) Hicks Home for Funerals, Elkton, Md. 6M 1/67

group Home for Funerals, Elkhon, Md. FEB.2 L Ser V LANGUE

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May 36, 1038 -

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MARYLAND STATE DEPARTMENT OF HEALTH

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